COBB COUNTY SPRINKLER PLAN REVIEW – TENANT FINISH ONLY									
Job Type									
□ Tenant	☐ Addition	Da	Date						
□ Remodel	□ Retrofit Reviewer								
Building Permit #	Cobb County	□ Acworth	□К€						
Job Name									
			#						
City		Zip_							
Complex Name									
Code Applied: ☐ 13 Total # of SPK adjusted Sprinkler Company	on this job	Wh	ıy			Yes □ No			
State #	Cobb County Cert #			_ E	xpires: _				
*NOTE* Designer must fill	out below completely before plans	will be reviewed!!	•	OK	Absent	Exist or N/A	Comments		
	oss street minimum. Provide an accur		•				Comments		
•	ted area and per system called out. A		t						
permitted name and address on the plans. This is very important!!!!!									
3) All spaces of the structure									
	K-factor, temp, style and quantity for	all sprinkler heads							
<ul><li>{Include cut sheet for each head}</li><li>5) Provide a cut sheet on each different sprinkler Head</li></ul>									
	of hazard each system is designed for	on the plans							
7) Show all hangers and space		on the plans							
8) Show a detail of each type									
9) Show accurate freeze prote									
	coverage dimensions. Also show squa	are footage of all roo	oms						
	ule, identify all areas with a symbol, S								
	only in light hazard occupancies}								
*	sections and commodity class per NF								
	must fill out an Owner's Information	Certificate {N.F.P.	A. 13						
Figure A.14.1 (b)}	izas (Adding sprinklar hands to any E	ing will require our	ont						
13) Show all sprinkler pipe sizes (Adding sprinkler heads to any line will require current sizes to be pipe scheduled per NFPA 13 if not hydraulically calculated)									
	s and obstructions. {Must have genera		able}.						
15) Identify all HVAC ducts	and obstructions over 4 ft. {Must hav	ve general note if no	ot						
applicable}.									
	show the area of the building illustra								
	rated wall or floor needs to be shown	•	ide a						
	gn number {Must have general note if		ingly						
18) Show size and locations of all hanging heaters and use intermediate heads accordingly {Must have general note if not applicable}.									
19) Show all roll back doors and overhead doors {Must have general note if not applicable}.									
20) Show all skylights, dome general note if not applicable	es and unusual ceilings, include all ce	iling slopes {Must h	nave						
	um sprinkler head spacing for each oc	ccupancy shown on	the						
22) C of C, N.I.C.E.T. or P.E	E. stamp on the plans								
,	ns and completion of this form with a	ll attachments							
	onsible of designing the sprinkler plan								
	g what has changed on your companie								
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*NOTE* Must provide additional information if hydraulically calculating	OK	Absent	Exist or N/A	Comments
system. Adjusting more than 30 sprinklers will require calculations.				
C1) Show the point of test location on the plans. Static, residual and flow location must be				
shown on plans and calculate back to that point.				
C2) Required water information: Location, elevation, results, date, time, conducted by (If				
using the hydraulic information plate, state that on your plans)				
C3) Backflow make, model, size and elevation on the plans				
C4) Show all elevation changes of pipe on the plans				
C5) An accurate riser detail {Identify Each System}				
C6) For different occupancy areas provide a note indicating how and where each design criteria was derived from.				
C7) Show hydraulic calculation information on the plans for each remote area				
C8) Finish floor elevations of all buildings				
C9) Show all hydraulic reference nodes. {Avoid duplicate nodes}				
C10) Show floor area size of each system and volume of all dry systems {C-factor must be				
100 for all dry systems unless using galvanized pipe in your system}.				
C11) Remote area is correctly and accurately outlined. {If reduced show a cross section and				
elevations. Example, if the remote area is not exactly 1500 sq. ft. show the actual size on				
the plans}.				
C12) Hydraulic calculations with a 10 psi safety margin and cover sheet that clearly				
dentifies each area calculated.				
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Additional Notes:				
				<del></del>
The above is not an all-inclusive list - Plans must meet all NFPA require	ement	s. Please	e refer to cha	pter 120-
3-3 Rules and Regulations of the Safety Fire Commissioner regarding to			•	-
County is using. An explanation of all requirements is avo				
Provide contact information for person responsible for completing the				rm helow
r rovide contact information for person responsible for completing the	ne spi	mkiei bi	an ieview 101	iii ociow.
Nome:	Data			
Name: Phone number:	Date:			